

MONITORING REVIEW - CSFP DISTRIBUTION AND CERTIFICATION SITES

GENERAL INFORMATION		DATE OF REVIEW							
AGENCY NAME:		COPY OF AGREEMENT WITH FO	OOD BANK ON FILE? Yes No						
ADDRESS:		REPORTED FOOD PACKAGE DISTRIBUTION PREVIOUS MONTH							
PARTICIPANT REVIEW WORKSHEET									
Review Participant Applications and food package receipt documentation for 25 participants or 100% whichever is less. Annotate problems. Check or "x" if no problem noted. If a proxy signed for the participant, list the proxy's name in parentheses with the participant's.									
PARTICIPANT NAME	INFORMATION MISSING	RECERTIFICATION OVER DUE	OTHER ERROR/COMMENTS						
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CE	CERTIFICATION PROCESS (1., 2., and 3. based on page 1)		NO	N/A	COMMENTS
1.	Do applications contain:				
	a. Identifying information for each participant?				
	b. Checkmarks answering the two Yes/No questions?				
	 Dates-of-birth for applicant and all qualifying household members? 				
	d. Proof of income-eligibility or SSN and household income?				
	e. Signature of applicant and the date signed?				
2.	Has the certifying official:				
	a. Described proof of identity/age/eligibility?				
	b. Verified residency?				
	c. Given Health and Social Services Handout and when applicable, WIC handout?				
	d. Determined eligibility?				
	e. Identified categories?				
	f. Documented date notified?				
	g. Signed the form and enter his/her title and date?				
	h. Documented certification period?				
3.	Is the date of notification within 10 days of the date of application?				
4.	If certification requests were denied, are applications kept on file?				
CE	RTIFICATION PERIODS	YES	NO	N/A	COMMENTS
1.	Are pregnant women certified for duration of pregnancy plus 6 weeks?				
2.	Are all other participants certified for no more than 6 months or until eligibility expires, whichever is first?				
3.	When certification periods of elderly participants are extended:				
	a. Is form CACFP 303-C completed, signed and dated?				
	b. Is participant notification of period of extension documented?	YES			
FO	FOOD DELIVERY		NO	N/A	COMMENTS
1.	Is the "no-show" policy posted and enforced?				
2.	2. Is the "Appeals Process" posted and copies available on request?				
3.	3. Are participants or proxy signatures and dates available verifying receipt of food each time it is issued?				
4.	. Are proxy authorizations available for all proxies used and adequate controls in place?				
5.	Do sites offering one month certification have a designated distribution period posted in a prominent location and communicated to all participants?				
6.	Is reasonable effort made to contact people on the waiting list in order, beginning with the first person each month for the purpose of offering the one month certification?				
7.	Does the number of signatures for the "test" month match the number reported to the food bank?				
8.	Are there undistributed food boxes at the end of the month?				
9.	Are food packages delivered to home-bound or no-show participants accomplished prior to the end of the month or if not, are they delivered within five working days of a single distribution date?				
NU	NUTRITION EDUCATION		NO	N/A	COMMENTS
1.	Is the agency prepared nutrition education distributed effectively?				
2.	2. If food demonstrations offered, is there documentation of attendees?				
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NOTIFICATION REQUIREMENTS		YES	NO	N/A	COMMENTS		
1.	Is there documentation of written notice given within 10 days of eligibility, ineligibility or placement on waiting list?						
2.	Is there documentation of written notification at least 15 days in advance of the expiration of the most recent certification periods?						
3.	If applicable, is there documentation of written notice of discontinuance or disqualification provided at least 15 days prior to the effective date?						
DUAL PARTICIPATION		YES	NO	N/A	COMMENTS		
	Are all category PG, PP, BF, INF and CH reported on the Dual Participation Roster?						
CIVIL RIGHTS		YES	NO	N/A	COMMENTS		
1.	Do admission procedures allow enrollment by minority persons without restriction?						
2.	Do all materials used to publicize the CSFP to participants and the public contains the nondiscrimination statement and procedure for filing a complaint?						
3.	Are the Civil Rights and Federal Relay Service posters displayed in a prominent location?						
4.	Are information and compliance procedures provided on request in the appropriate translation?						
5.	Are all services and facilities accessible and used routinely by all persons without regard to race, color, national origin, sex, or disability?						
6.	Were there any verbal or written complaints of discrimination prior to this review?						
7.	In the opinion of the reviewer, based on information contained in this review and personal observation, does the institution appear to be in compliance with Title VI of the Civil Rights Act of 1964? (If no, indicate on a separate sheet, 1) What the areas of noncompliance are, and 2) Recommendations for corrective action and follow-up.)						
EXIT CONFERENCE		S	SUMMARY OF CORRECTIVE ACTION PLAN (CAP)				
1.	Findings						
2.	2. Comments / Suggestions / Recommendations						
SITI	E REVIEWED BY DATE	E C	ORREC	TIVE ACT	ION PLAN SUBMITTED BY	DATE	
Prin	Print name and title:		Print name and title:				
THIS	THIS REVIEW WAS DISCUSSED WITH DATE		ORREC	TIVE ACT	ION PLAN APPROVED BY	DATE	
Prin	Print name and title and sign:		rint name	e and title	and sign:		